Form **8871**(July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information	<u> </u>	
1 Name of organization OIII NEW DVS	Wiger for a	State Lenate Final Final State Services State Lenate Final Services Services Final Services Fina
2 Mailing address (P.O. Box or numb	pen street, and room or suite n	umber)
City or town, state, and ZIP code	UI, MN 59	5109
3 E-mail address of organization		
4a Name of custodian surecords	4b Custo	200 East BULL avenue
5a Name of contact person		NA GUI, MISSIG
oa Name of contact person	5b Conta	443 Sandridge Avenue
	<i>U</i>	ipellood MN 55104
6 Business address of organization (if City or town, state, and ZIP code	different from mailing address	shown above). Number, street, and room or suite number
Part II Purpose 7 Describe the purpose of the organize	ration	
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Part III List of All Related Er	ntities (see instructions)	
8a Name of related entity	8b Relationship	8c Address
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